

**DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND**

**NOTES FOR:
NEW
PERMANENT
STAFF
COMPETENCY
RULES**

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- ◆ *Definitions of
paraprofessional,
associate professional and
qualified professional*
 - ◆ *Competencies of
qualified professionals
and associate
professionals*
 - ◆ *Competencies and
supervision of
paraprofessionals*
-

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Introduction

This booklet is intended to provide information about new/changed staff competency rules. Complete text of the rules is on the left side of each page, and notes on the right.

These rules are a step toward the implementation of a competency-based system for staff in community programs. Although this system is not yet in place, these rules do require replacing a privileging system with one based on demonstration of knowledge, skills and abilities. Temporary NC Administrative rules that affected privileging, definitions and competencies for staff in community programs were adopted November 1, 2001 and made permanent effective July 1, 2003. Formally involved in this process were the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, Division staff, consumer advocates, staff from local area programs and private providers.

The rules that were predominantly affected include the following:

- ◆ 10 NCAC 14V .0104: Staff Definitions: A new definition was added for the "Associate Professional" category. The "Paraprofessional" category was revised. The "Qualified Professional" category collapsed all disability specific "Q's" into one grouping. Qualified Professional now encompasses all of the following: "Qualified alcoholism professional," "Qualified developmental disabilities professional," "Qualified drug abuse professional," "Qualified mental health professional," "Qualified professional", and "Qualified substance abuse professional".
- ◆ 10 NCAC 14V .0203: Competencies of Qualified Professionals and Associate Professionals. This was a revision from the previous "Privileging and training of Qualified Professionals and Professionals."
- ◆ 10 NCAC 14V. 0204: Competencies and Supervision of Paraprofessionals: This was a revision of "Training and Supervision of Paraprofessionals."

The numbering system for North Carolina administrative rules also changed during this time period, so the new rules governing the above are as follows:

- ◆ Staff Definitions: 10A NCAC 27G .0104 and 10A NCAC 28A .0102
- ◆ Competencies of Q's and APs: 10A NCAC 27G .0203
- ◆ Competencies and Supervision of Paraprofessionals: 10A NCAC 27G .0204

Definitions

Paraprofessional is defined in 10a NCAC 27G .0104 as:

"Paraprofessional" within the mh/dd/sas system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sas service. Upon hiring an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional or associate professional with the population served.

10a NCAC 28a .0102(b)(2) and 10a NCAC 27G .0104(1)

"Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse services (mh/dd/sas) system of care means an individual who is a:

(a) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or

(b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served or a substance abuse professional with less than two years of full-time post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or

(c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than four years of full-time post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision

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Definitions

shall be provided by a qualified professional with the population served until the individual meets four years of experience; or

(d) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in mh/dd/sa with the population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience.

10A NCAC 28A .0102 and 10A NCAC 27G .0104

"Qualified professional" means, within the mh/dd/sas system of care, an individual who is:

(A) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sa with the population served; or

(B) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has one-year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(C) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(D) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

The Rules

10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

- a) There shall be no privileging requirements for qualified professionals or associate professionals.

Notes

Area authorities or county programs and other providers are expected to have a system in place for reviewing staff qualifications. As noted later in this rule, this system is to be based on the demonstration of knowledge, skills, and abilities. Other rules pertinent to mental health, developmental disabilities and substance abuse issues still contain the terms privileging or credentialing. After a rules review, the Division will make recommendations to the Commission of MH/DD/SAS and/or the Secretary of DHHS regarding appropriate revised language.

In order to provide for transition from a privileging system to a competency based system, all three terms-- privileging, credentialing, and staff core competencies—were included in expectations for local business plans. During this transition, the area authority or county program may not require adherence to privileging or credentialing requirements if the provider has developed and implemented policies and procedures consistent with this rule.

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The Rules

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- b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.

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Notes

Qualified Professionals (Qs) and Associate Professionals (APs) must have the specific knowledge, skills and abilities for the specific population served regardless of previous Q status.

1) Qualified Professionals means all individuals listed as Q's in the definition, which includes all who hold licenses, etc as listed in .0102 (35) and .0104 (18).

2) Specific Population Served refers to child mental health, adult mental health, developmentally disabled, or substance abuse populations, or any combination of the above. Any combination requires Q status in each identified population. If the Q has not demonstrated the knowledge, skills and abilities (KSA) for a specific population, then the AP designation will be applied, and an individualized supervision plan will be initiated until the Q status is achieved.

3) Knowledge, Skills, Abilities:

- ◆ Knowledge – education or competency based training and knowledge of the specific population to be served.*
- ◆ Skills – developed set of practices to apply to specific population to be served.*

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The Rules

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- c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.

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- ◆ *Abilities – application of knowledge and skills to achieve desired outcomes for the specific population to be served.*

4) How to demonstrate Knowledge, Skills and Abilities
Area Authority/Facility responsibility: The governing body responsible for each facility must develop and implement a written policy delineating the mechanism used for review of staff qualifications through demonstration of knowledge, skills, and abilities. The policy must specify the type of system utilized. It must also include supervision plan expectations (see below). Area authorities or county programs, and other providers are expected to have policies and procedures in keeping with the requirements of this rule.
Monitoring: Compliance is based on a determination of whether or not the facility has implemented its own written policy.

The Rules

- c) Competence shall be demonstrated by exhibiting core skills including:
 - 1) Technical knowledge;
 - 2) Cultural awareness;
 - 3) Analytical skills
 - 4) Decision-making
 - 5) Interpersonal skills
 - 6) Communication skills; and
 - 7) Clinical skills

- e) Qualified professionals as specified in 10 NCAC 14V .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.

- f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.

Notes

This portion of rule defines competence for the future system.

The rule referred to only applies to certified or licensed professionals

The area authority or county program and other providers must develop and implement policies and procedures for developing an individualized supervision plan for each Associate Professional upon hiring to insure the development of knowledge, skills and abilities required by the specific population served. They will be monitored on whether or not they have developed and implemented these policies.

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The Rules

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- g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

Notes

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Given the expectation that a competency based employment system will be established by rule making, area authorities or county programs and other providers may want to consider utilizing the core competency skill areas in the supervision plan. The content of the supervision plan may include:

- ◆ *Number of hours per month of supervision, by whom and for whom.*
- ◆ *Skills needed in core skill areas to reach Q status for that specific population.*
- ◆ *Knowledge, skills, and abilities required to demonstrate acquisition of those skills.*
- ◆ *Documentation of supervision.*

The Associate Professional must be supervised by a Qualified Professional with the population served according to the time period required by rule definition.

The Rules

10a NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

- a) There shall be no privileging requirements for paraprofessionals.

- b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.

Notes

Area authorities or county programs and other providers are expected to have a system in place for reviewing staff qualifications. As noted later in this rule, this system is to be based on the demonstration of knowledge, skills, and abilities. Paraprofessionals who provide respite services or personal care services are not required to have a high school diploma or GED. In order to provide for transition from a privileging system to a competency based system, all three terms-- privileging, credentialing, and staff core competencies—were included in local business plan expectations. During this transition, the area authority or county program may not require adherence to privileging or credentialing requirements if the provider has developed and implemented policies and procedures consistent with this rule.

The rule referenced here defines paraprofessionals, associate professionals and qualified professionals.

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The Rules

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c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.

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Notes

Paraprofessionals must have the specific knowledge, skills and abilities for the specific population served.

1) Specific Population Served refers to child mental health, adult mental health, developmentally disabled, or substance abuse populations, or any combination of the above. Any combination requires knowledge, skills, and abilities required by the specific population served. The individualized supervision plan should address the specific knowledge, skills, and abilities required.

2) Knowledge – education or competency based training and knowledge of the specific population to be served.

3) Skills – developed set of practices to apply to specific population to be served.

4) Abilities – application of knowledge and skills to achieve desired outcomes for the specific population to be served.

4) How to demonstrate knowledge, skills and abilities: Area authorities/facilities are responsible for making sure that the governing body of each facility develops and implements a written policy delineating mechanisms used for review of staff qualifications through

The Rules

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d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.

e) *Competence shall be demonstrated by exhibiting core skills including:*

- (1) Technical knowledge;*
- (2) Cultural awareness;*
- (3) Analytical skills*
- (4) Decision-making*
- (5) Interpersonal skills*
- (6) Communication skills; and*
- (7) Clinical skills*

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demonstration of knowledge, skills, and abilities. The policy must specify the type of system utilized. It must also include supervision plan expectations (see below). Area authorities or county programs and other providers are expected to have policies and procedures in keeping with the requirements of this rule.

5) Monitoring: Compliance is based on a determination of whether or not the facility has implemented its own written policy.

This portion of rule simply defines competence for the future system.

The Rules

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- f) *The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each paraprofessional.*

Notes

The area authority or county program and other providers are expected to develop and implement policies and procedures for individualized supervision plans for each paraprofessional upon hiring to insure the development of knowledge, skills and abilities required by the population served. They will be monitored on whether or not they have developed and implemented these policies.

Given the expectation that a competency based employment system will be established in the future, area authorities or county programs and other providers may want to consider utilizing the core competency skill areas in supervision plans.

Supervision plans may include:

- ◆ *Number of hours per month of supervision, by whom and for whom.*
- ◆ *Skills needed in core skill areas required by the population served.*
- ◆ *Knowledge, skills, and abilities required to demonstrate acquisition of those skills.*
- ◆ *Documentation of supervision.*